

2017 RENEWAL INFORMATION FOR DPR LICENSE AND CERTIFICATE HOLDERS

Dates for Renewal

DPR encourages submitting completed renewal applications to DPR by November 1, 2017, to receive your license/certificate by December 31, 2017. If submitted after November 1, you may not receive your license/certificate by January 1. Processing time is 60 days.

Note that submitting your renewal before October, will ensure you have your license by early December and allow you to renew with the County by the New Year.

To check if you're renewed, go to DPR's website:
<www.cdpr.ca.gov/docs/license/currlic.htm>

Address Changes

Always notify DPR immediately of any address or name changes.

Mailing of Renewal Packets

DPR is mailing renewal packets in August to provide sufficient time for license and certificate holders to submit their applications by November 1. Renewal applications must be postmarked on or before December 31, or a late fee applies.

If you did not receive your renewal application or lost it, download a renewal packet from DPR's website:
<www.cdpr.ca.gov/docs/license/liccert.htm> or email us and request a copy.

Business License Renewal Application

The following forms will be included in the renewal packet:

- Business Renewal Application
- Renewal Information Request
- Visa/MasterCard Transaction DPR-105

Renewal applications must be filled out completely, signed, and submitted with the correct fee.

Note: Your qualified applicator must be renewed before your business license can be renewed.

Individual License and Certificate Renewal

The following forms will be included in the renewal packet:

- Renewal Application PR-PML-141
- License/Certificate Renewal Information
- CE Records Renewal Summary PR-PML-123
- Visa/MasterCard Transaction DPR-105

Renewal applications need to be signed and must include the required CE records summary and correct fee.

Continuing Education

License and certificate holders must keep copies of their CE records for three years. DPR may request copies of your CE records at any time.

Submit the CE Records Renewal Summary, PR-PML-123 or a summary record of CE attendance from a third party professional association.

Your CE records must include:

- License/Certificate Holder's Name
- License/Certificate Number and Type
- Course Location
- Course Title
- Course Date
- DPR Course I.D. Number
- Course hours attended for each CE category
- Name of instructor or sponsoring organization
- Your Signature

General Information about CE Courses

DPR does not track CE hours for individuals, but has the ability to audit CE records.

DPR approved CE hours must be obtained during the valid period of the license or certificate. The valid period is listed on the license or certificate (from the 'date of issue' until the 'valid through' date). NO grace period is given to obtain CE hours. NO CE hours can be carried over to the next renewal period.

If renewing multiple licenses or certificates, you only need sufficient CE hours to meet the license with the most CE hours required.

Questions about your CE hours?

For questions about your CE hours, you must contact the course sponsor or your professional association. See DPR's website for current or previous years' courses and sponsors' contact info:

<http://www.cdpr.ca.gov/docs/license/cont_ed_cfm/classes.htm>

DPR List Serve

Sign up for important information and updates from DPR about Licensing and CE:
<www.cdpr.ca.gov/docs/dept/listserv/sub1113.htm>

License or Certificate Type	DPR Staff Name and Contact Information
General Questions	LicenseMail@cdpr.ca.gov
Pest Control Advisers	Rebecca Olson Rebecca.Olson@cdpr.ca.gov
Qualified Applicator License/ Certificate	Heather Allen Heather.Allen@cdpr.ca.gov
	Kenneth King Kenneth.King@cdpr.ca.gov
	Elizabeth Dummert Elizabeth.Dummert@cdpr.ca.gov
Pest Control Businesses	Alpha: A-D, S,T, U-Z Regina Maglia Regina.Maglia@cdpr.ca.gov
	Alpha: E-L, M-R, V Shernee Tousant Willie.Tousant@cdpr.ca.gov
Pilots (APC/JPC)	Regina Maglia Regina.Maglia@cdpr.ca.gov
Dealer Designated Agents	Elizabeth Dummert Elizabeth.Dummert@cdpr.ca.gov

STATE OF CALIFORNIA
**INDIVIDUAL LICENSE/CERTIFICATE
RENEWAL APPLICATION**

DPR-PML-141 (REV.6/15)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
P.O. BOX 4015
SACRAMENTO, CALIFORNIA 95812
(916) 445-4038
Web site: <http://www.cdpr.ca.gov/>

Return application and continuing education (CE) hours by mail.

The mailing address indicated on this application is your address of record for your license/certificate, therefore, it is public information. To use a post office box in lieu of the physical address or to submit any other address change, indicate in box below.

Name: _____

Address: _____

City, State, Zip: _____

☐ Name Change

☐ Address Change

Enter changes above

FOR COMPLETE INSTRUCTIONS, SEE PAGE 2
CE HOURS MUST BE COMPLETED BY THE EXPIRATION DATE ON YOUR LICENSE/CERTIFICATE

Continuing Education.

- Excess "Laws" and "Aerial" hours can be used towards your "Other" hours
- DPR does not keep record of individual hours

Current License/Certificate Number(s), Type and Category(ies)	Renewal License/ Certificate? (Circle Y or N)	Required CE hours to renew all licenses and certificates (You need to submit to DPR)				Renewal Fees	Late Fees
		Laws	Aerial	Other	Total CE Hours		
	Y / N					Post-marked on or before 12/31	Post-marked after 12/31 (see page 2)
	Y / N					\$	
	Y / N					\$	
	Y / N					\$	
	Y / N					\$	

	Laws	Aerial	Other	Total CE Hours	Total Due (Include late fees if applicable)
Enter the number of CE hours you have completed					

Fees. ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

Medical Certificate Card. Apprentice and Journeyman Pilots only.

Email Contact (optional). If email is your preferred method of contact, please provide your email address below.

EMAIL ADDRESS

I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

SIGNATURE

DATE SIGNED

INDIVIDUAL LICENSE/CERTIFICATE RENEWAL APPLICATION INSTRUCTIONS

DPR-PML-141 (REV. 6/15)

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Failure to complete or provide the requested information will delay the processing of your application.

INSTRUCTIONS: Review the following to ensure that your renewal application is complete before mailing:

- ☐ **Change of Name/Address.** 3CCR Section 6508 requires all license/certificate holders to notify DPR immediately of any business name or address change. Submit required documentation for a name change. Indicate any corrections on the front of the renewal form in the space provided.
- ☐ **License(s)/Certificate(s) to be renewed.** Verify or list all license(s) and/or certificate(s) to be renewed.
- ☐ **Submit a record of the total continuing education (CE) hours.**
- CE hours must be DPR approved courses and obtained during the valid period of your license/certificate.
 - Excess CE hours cannot be carried over to your next renewal period.
 - You must meet the minimum required CE hours for "Laws," and "Aerial," if required; extra hours in "Laws" and/or "Aerial" may be applied towards "Other".
- If renewing multiple licenses/certificates:**
- If renewing multiple licenses or certificates, you only need to complete CE hours for the license or certificate with the most CE hours required.
 - Complete and submit the Continuing Education Record Renewal Summary or a similar form.
- ☐ **Medical Certificate Card (Apprentice and Journeyman Pilots Only).** Submit a copy of your valid medical certificate card issued by the Federal Aviation Administration. DPR requires this information to determine compliance with Food and Agricultural Code Section 11901.
- ☐ **Fees. All fees are non-transferable and non-refundable.** Fees must be paid for each renewed license and/or certificate. A late penalty fee of fifty percent (50%) of the renewal fee will be assessed for each license and/or certificate **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

License Type	Fee	Late Fee	License Type	Fee	Late Fee
Agricultural Pest Control Adviser	\$140.00	\$70.00	Qualified Applicator Certificate	\$60.00	\$30.00
Qualified Applicator License	\$120.00	\$60.00	Dealer/Designated Agent License	\$50.00	\$25.00
Apprentice Pilot Certificate	\$90.00	\$45.00	Journeyman Pilot Certificate	\$90.00	\$45.00

- ☐ **Declaration/Signature.** Sign and date the renewal application.
- ☐ **Payment.** Enclose a check or money order payable to "Cashier, Department of Pesticide Regulation" or credit card payment.
- ☐ **Mail.**
- Send payment
 - Completed renewal application form including the record of CE hours (courses)
 - Pilots medical certificate (if applicable)
 - Address the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812.

Questions? Your name and license/certificate number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our Web site address is <<http://www.cdpr.ca.gov/docs/license/currlic.htm>>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

License/Certificate Renewal Information

Providing this information is optional
(please complete the appropriate information below for license/certificate)

A. LICENSE/CERTIFICATE HOLDER INFORMATION

Name:

First

Last

E-mail Address:

Home/Cell Phone:

B. EMPLOYER/BUSINESS INFORMATION

Employer/Business Name:

Business Phone:

Address

City

State

Zip Code

C. TYPE OF EMPLOYER/BUSINESS (Please check the appropriate boxes)

☐ Currently inactive in pest control work.

☐ Work for governmental agency.

☐ City

☐ County

☐ State

☐ Federal

☐ Work for special government district.

☐ Irrigation District

☐ School District

☐ Mosquito Abatement

☐ Other: _____

☐ Work for a company that does its own pest control and does not offer its pest control services for hire to other persons.

☐ Work for or own a Pest Control Business (check applicable ones):

☐ Maintenance Gardener Pest Control Business Pest

☐ Pest Control Business (for hire) - Aerial

☐ Control Business (for hire) - Ground

☐ Manufacturing/Distributing Chemical Company

☐ Farm Labor Company

☐ Pesticide Dealer Business

☐ Other: _____

☐ Independent Agricultural Pest Control Adviser

D. CLASSIFICATION OF PESTICIDES

Please indicate the classification of pesticide(s) you may recommend, sell or supervise the use of, by checking the appropriate box(es) below.

☐ Federal Restricted Use Pesticides

☐ General Use Pesticides

☐ California Restricted Materials

☐ Not involved with application or supervising the use of pesticides

E. COUNTY REGISTRATION INFORMATION

Please indicate the county(ies) you will be working in by checking the appropriate box(es) below:

☐ 1. Alameda

☐ 10. Fresno

☐ 19. Los Angeles

☐ 28. Napa

☐ 37. San Diego

☐ 46. Sierra

☐ 55. Tuolumne

☐ 2. Alpine

☐ 11. Glenn

☐ 20. Madera

☐ 29. Nevada

☐ 38. San Francisco

☐ 47. Siskiyou

☐ 56. Ventura

☐ 3. Amador

☐ 12. Humboldt

☐ 21. Marin

☐ 30. Orange

☐ 39. San Joaquin

☐ 48. Solano

☐ 57. Yolo

☐ 4. Butte

☐ 13. Imperial

☐ 22. Mariposa

☐ 31. Placer

☐ 40. San Luis Obispo

☐ 49. Sonoma

☐ 58. Yuba

☐ 5. Calaveras

☐ 14. Inyo

☐ 23. Mendocino

☐ 32. Plumas

☐ 41. San Mateo

☐ 50. Stanislaus

☐ 6. Colusa

☐ 15. Kern

☐ 24. Merced

☐ 33. Riverside

☐ 42. Santa Barbara

☐ 51. Sutter

☐ 7. Contra Costa

☐ 16. Kings

☐ 25. Modoc

☐ 34. Sacramento

☐ 43. Santa Clara

☐ 52. Tehama

☐ 8. Del Norte

☐ 17. Lake

☐ 26. Mono

☐ 35. San Benito

☐ 44. Santa Cruz

☐ 53. Trinity

☐ 9. El Dorado

☐ 18. Lassen

☐ 27. Monterey

☐ 36. San Bernardino

☐ 45. Shasta

☐ 54. Tulare

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STATE OF CALIFORNIA
CONTINUING EDUCATION RECORD RENEWAL SUMMARY
DPR-PML-123 (Rev. 8/17)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
P.O. BOX 4015
SACRAMENTO, CA 95812
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov>

INSTRUCTIONS

1. For each approved course you have taken, enter the following: title; course I.D. number; location; date(s) attended; and hours completed. In the boxes located in the right hand corner of the bottom of the page, enter the total number of continuing education (CE) hours you have completed for the current renewal period. If you are using a document other than this form as proof of your CE hours; you must provide the same information as required on this form. Your CE record summary document must be returned with your renewal application. If the information on this form or the document you submit is incomplete, the processing of your renewal application will be delayed.

2. Please do not submit application and fee unless all required CE hours have been completed. If you fail to complete the required minimum CE hours by December 31 of your expiration year, you will be required to re-examine in laws and regulations, as well as all categories you held.

APPLICANT NAME/SIGNATURE		CERTIFICATE/LICENSE TYPE	CERTIFICATE/LICENSE NUMBER
CONTINUING EDUCATION COURSE INFORMATION			
COURSE TITLE/SPONSOR NAME	DPR COURSE ID NUMBER	(L)	(A)
LOCATION (City and State)	DATE(S) ATTENDED	(O)	(T)
COURSE TITLE/SPONSOR NAME	DPR COURSE ID NUMBER	(L)	(A)
LOCATION (City and State)	DATE(S) ATTENDED	(O)	(T)
COURSE TITLE/SPONSOR NAME	DPR COURSE ID NUMBER	(L)	(A)
LOCATION (City and State)	DATE(S) ATTENDED	(O)	(T)
COURSE TITLE/SPONSOR NAME	DPR COURSE ID NUMBER	(L)	(A)
LOCATION (City and State)	DATE(S) ATTENDED	(O)	(T)
COURSE TITLE/SPONSOR NAME	DPR COURSE ID NUMBER	(L)	(A)
LOCATION (City and State)	DATE(S) ATTENDED	(O)	(T)
COURSE TITLE/SPONSOR NAME	DPR COURSE ID NUMBER	(L)	(A)
LOCATION (City and State)	DATE(S) ATTENDED	(O)	(T)
COURSE TITLE/SPONSOR NAME	DPR COURSE ID NUMBER	(L)	(A)
LOCATION (City and State)	DATE(S) ATTENDED	(O)	(T)
COURSE TITLE/SPONSOR NAME	DPR COURSE ID NUMBER	(L)	(A)
LOCATION (City and State)	DATE(S) ATTENDED	(O)	(T)
TOTAL CE HOURS			

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VISA/MASTERCARD TRANSACTION



Mail completed application with this payment form to:

For Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812

For Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 1379
Sacramento, CA 95812

ALL SECTIONS MUST BE COMPLETED. DO NOT E-MAIL OR FAX this form.

FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING DELAYED OR REJECTED.

NAME OF CARDHOLDER (NAME APPEARING ON THE CARD)

VISA or MASTERCARD ONLY. No other cards are accepted.

CHECK ONE: ☐ VISA ☐ MASTERCARD

CARD NUMBER
(16 DIGITS)

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Expiration Date

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Total Amount of Payment

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE CARD)

PAYMENT FOR:

MAILING ADDRESS (Street or P.O. Box Number)

City, State, and ZIP Code

TELEPHONE NUMBER (include area code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:

TODAY'S DATE

DATE MAILED

BY: